

DNP Doctoral Committee Form

We, the undersigned faculty, agree to serve on _____ committee for the DNP Capstone Project entitled:
(print student name above)

Binghamton University Decker School of Nursing faculty DNP chair(s) and committee members:

Name	Status (chair or member)	Signature	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	Clinical content expert	_____	_____

Approved by: _____

Nicole Rouhana, PhD, CNM, FNP-BC
Director of Graduate Studies